Name of Service: Windsor Day Centre

Inspection Report

Provider: Southern HSC Trust

Date of Inspection: 4 September 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mrs Michelle Grimley (Acting)

Service Profile:

This is a Day Care Setting that provides care and support to a maximum of 60 service users who have a range of complex care needs including Physical Disabilities, Learning Disabilities and Autism. The staff deliver a programme of day care and daytime activities from Monday to Friday. All care is commissioned by the Southern Health and Social Care (HSC) Trust.

2.0 Inspection summary

An unannounced inspection was conducted on 4 September 2025, between 9.55 a.m.and 5.30 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to; the regulations and standards and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 3 September 2024. Additionally, the inspection sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, such as; training compliance, medication audits, fire evacuation procedures and transportation arrangements.

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Windsor Day Centre was a good experience.

As a result of this inspection, ten areas for improvement previously identified were assessed as having been addressed by the provider.
One previous area for improvement was not addressed and will be stated for a second time.
One area for improvement identified in the previous inspection was not reviewed on this

occasion and therefore will be carried forward to the next inspection. Four new areas for improvement were identified during this inspection. Full details can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting,this included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending, working in, and visiting the day care setting, and examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Service users told us that they "love coming to Windsor". They advised how important attendance was, as it instilled a sense of their "own independence away from home". Service users spoke positively about the opportunity that attending Windsor Day Centre offered in terms of engagement with peers. Service users reported that they benefited from attending the day care setting and that they "miss it" on days they are unable to attend.

Feedback received about staff was encouraging, with staff described as "nice", "friendly" and "kind". Service users explained that they would feel able to discuss any concerns they had with staff. They felt staff were competent in responding to their needs and that they delivered high quality care.

Activities were observed to be varied and person-centred with the individuals' needs and preferences considered. A service user told us they like attending Windsor Day Centre because "it's fun". At lunchtime, another service user told us that they liked the choice of food and that they looked forward to their meal.

Service users unable to verbally share their opinions of Windsor Day Centre appeared relaxed and comfortable in the company of their peers and staff. Those with limited communication and complex physical health needs were observed to have appropriate supervision levels in place and staff responded in a timely manner to their needs. It was great to see staff speaking with service users, seeking consent and advising what they were going to do in advance.

In addition, staff engaged in general conversations and smiles indicated that service users enjoyed these interactions.

Engagement between service user's representatives and staff appeared positive. Staffs' approach appeared pleasant whilst service user's representatives seemed at ease with staff, who were heard laughing during conversations.

Discussions held with staff evidenced knowledge in relation to; service users' needs, risks as well as policies and procedures. It was reassuring to hear staff advise, the presenting needs of the individuals they were responsible for and the prescribed interventions to ensure these needs were adequately met.

Staff were knowledgeable about procedures relating to the management of medication, inclusive of pro re nata (PRN), controlled drugs and oxygen. Staff reported that systems in place promoted accountability and best practice.

Staff stated that they understood expectations relating to the management of incidents and accidents. Additionally, they expressed understanding as to Adult Safeguarding procedures.

Staff told us that they "love" working in Windsor Day Centre and that they are "very happy". They said they felt well supported by both colleagues and management. They advised that management always had an "open door" allowing them to discuss and address any concerns they have in a timely manner.

3.4 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. Staff said they were satisfied with the staffing levels. It was noted that there were adequate staff in the day care setting to respond to the needs of the service users in a timely way, and to provide service users with a choice on how they wished to spend their day. There was a specific risk assessment in place relating to staff breaks, which ensured sufficient staffing was available throughout the day.

Review of the agency's staff recruitment records confirmed that pre-employment checks, such as criminal record checks (AccessNI), were completed. A deficit however was found, with the day care setting failing to confirm the applicants' fitness to perform work they are expected to undertake within the day care setting. An area for improvement was identified were action is needed to ensure compliance with the Regulations.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Upon appointment, staff were found to have completed a structured orientation and induction into the day care setting to ensure they were competent to carry out the duties of their job.

A review of staff training records identified that the current system used by the day care centre to monitor compliance was ineffective. A number of training elements were found to be needed to be undertaken for a first time, whilst others had expired. Several expired training had not being identified. Information contained on the day care centre's training matrix had not been reviewed to confirm if staff attended scheduled training. Attendance and participation in the most recent fire evacuation on 28 May 2025 had not been recorded within the training matrix. An area for improvement in relation to the fire evacuation drills is discussed in a later section of this report.

A number of staff, required basic first aid, dysphagia and medication competency assessments. This was identified as an area for improvement during the previous inspection and will be stated for a second time.

Medicines Competency assessments that had been completed for relevant staff were reviewed. It was positive to note that specific assessments of practice had been completed for staff expected to assist in the administration of fluid thickener, buccal midazolam and oxygen.

Procedures were in place for the supervision and appraisal of staff performance. Staff confirmed that both supervision and appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care. Staff were knowledgeable of individual service users' needs, their daily routines, wishes and preferences. Throughout the day, observation confirmed that staff attended safety briefings, for example prior to mealtimes, to ensure good communication across the team about changes in service users' needs.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. There was good daily communication to advise service users as to what was planned with communication aids such as visual schedules used as needed.

Service users' needs were met through a range of individual and group activities such as engagement in table top TEACHH activities, regulating activities such as utilising the sensory room or walking within the grounds of the day care setting, use of outdoor activity equipment such as swings and bikes, gardening, baking, movie days and community outings. Other activities that had occurred since the previous inspection included Disney characters, a local choir and a guide dog trainer visiting the day care setting on different dates.

One to one support provided was person-centred, based on knowledge held of each individuals' own areas of interest, with their Positive Behavioural Support and Communication plans used to inform practice. An example of staffs' commitment to ensure engagement in meaningful activity was observed. Staff had completed thorough preparation in advance of a service user 's

attendance that saw all materials required for TEACCH activities for the day lined out, to visually aid the service user in identifying what would be happening now, and next.

Windsor Day Centre also hosted various parties for service users throughout the previous year such as; Valentine's day dance; St. Patrick's day disco; Hawaiian party; Summer disco; and, Christmas jumper day.

Staff were observed to be prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. This was apparent as they aided communication with the Inspector, offered support with eating and provided choice with activities and meals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served confirmed that enough staff were present to support service users with their meal. It was positive to note that service users including those who required to have their meals modified, were offered a choice. The food prepared, smelt and looked appetising.

Staff were observed to be respectful of service users' preferences for example some individuals who did not wish to eat in the large canteen area were provided with alternative arrangements for meal times. There were also positive examples of choice being provided to service users in line with their prescribed support; choice boards, symbols/visuals used.

3.3.3 Management of Care Records

Review of records identified that service users had agreements in place between themselves and the day care setting which was kept under regular review.

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

It was positive that service users' most recent Speech and Language Therapy (SALT) Care Plans, Epilepsy Management Plans and/or Manual Handling Assessments were available to staff and referenced in detail within service user plans.

There was no transport assessments contained in the service user records reviewed. Given recent reconfiguration of transport runs which for some service users have experienced journey times significantly exceeding that recommended, the lack of review of transport needs and risks was particularly concerning. Furthermore, service users from Adult Community Services and Disability Services are being transported on the same buses alongside those from an independent service.

Discussion occurred with the manager and Head of Service regarding these concerns. A subsequent correspondence was sent for the attention of RQIA. An area for improvement has been identified to ensure compliance with the Standards.

Service users care records were held confidentially in line with data protection regulations.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated and updated documents shared and stored within the service users care records. A system was in place to enable monitoring of DoLS; this permitted timely communication regarding DoLS applications and scheduled reviews.

3.3.4 Quality and Management of the Environment

Windsor Day Centre was found to be bright and spacious, with a large and welcoming foyer naturally leading to each bespoke area. The day care setting was found to be suitably furnished, warm and comfortable and free of clutter.

Rooms were tailored to the needs of the individuals, for example, some contained less furniture or decorative items, whilst others had wall displays containing photographs or showcasing artwork completed by attendees. It was positive to observe visual aids evident throughout the day care setting to support service users understanding and aid communication.

The exterior of the property was found to be well maintained. With each room having access to external space to the rear of the building.

The bungalow belonging to the day care setting, taking into consideration the needs of the service users utilising this space, also had access to both front and rear gardens that were secured with anti-climb fencing. The safety of service users and staff had been considered with fingerprint scanner technology used to gain access to the area and fitting of maglock doors. Alarm buttons were also available throughout to alert others if staff required their assistance. Despite these measures in place, the environment felt homely.

Infection protection and control procedures were found to be of a high standard with all areas of the day care setting found to be exceptionally clean. This was inclusive of bathrooms and

equipment/aids used for manual handling tasks. Staff practice observed evidenced appropriate use of personal protective equipment (PPE).

Medication storage was appropriate and in keeping with Regulations and Standards.

The most recent fire risk assessment in respects to Windsor Day Centre was completed on 2 August 2023 with a separate fire risk assessment completed for the bungalow on 19 October 2023. Following the inspection information was provided regarding progress made on actions identified within both fire risk assessments.

Fire safety checks were undertaken on a regular basis. As aforementioned, it was identified that not all staff had taken part in a fire evacuation drill. An area for improvement has been identified to ensure compliance with the Standards.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the day care setting since the last inspection. Mrs Michelle Grimley has been the acting manager in this day care setting since 25 June 2025. She is also acting manager for four other registered day care settings. Mrs Geraldine Carragher has submitted an application to RQIA for registration as manager for Windsor Day Centre and the other four registered day care settings; this remains under consideration.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits evidenced improvement since the date of the previous inspection with risks identified and specific sections included relating to fire and property. Advice however was given, to ensure sufficient commentary is included in all reports completed, relating to analysis of incidents, accidents and safeguarding concerns. This will be reviewed at future inspection.

Audits relating to practices for the management of medication had not been completed for three months since the previous inspection. Duplication was also identified between two of the audits reviewed. Actions identified as needed were not assigned to an employee nor were deadlines set. An area for improvement has been identified to ensure compliance with the Standards.

Systems relating to management of finances were not reviewed during this inspection and as such, the previous area for improvement will be carried forward.

There was a process in place to manage any complaints.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were also reviewed in detail as part of a bi-monthly audit reviewed by senior Trust staff.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.
There was a protocol in place for staff to follow where service users did not attend the day care setting as planned. There was also a clear protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus and evidence that this had been followed.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* The total number of areas for improvement includes one that has been stated for a second time and one, which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Carragher, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 21(1)(a) (2)(a) (3)(a) **Stated:** First time	The Registered Person shall ensure the fitness of all employees to undertake duties associated with their role is confirmed prior to direct contact with service users. Evidence of this is to be available for purpose of inspection. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** The Registered Person can provide assurance to the regulator that the fitness of all employees to undertake duties associated with their role is confirmed prior to direct contact with service users. The regional Amiqus system details all pre-employment checks for staff aligned to the hiring manager in line with regional guidelines. A new checklist has been implemented by the Registered Person for inclusion in the supervision files of all new staff, this checklist includes confirming 'fitness to practice' requirements. All social care staff on commencement of post are registered with NISCC. Staff complete a full induction during their probationary period (within the first 3 months of employment or where necessary this can be extended to 6 months).

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021

Area for improvement 1 **Ref:** Standard 19 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that clear documented systems are in place for the management of records. They should ensure that; • All the entries made within the records retained within the day care setting, including finance records, are completed in black ink in accordance with best practice; • All information retained is accurate and up to date; • All records are retained in a safe and secure manner. Ref: 3.3.5
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 **Ref:** Standard 21.3 **Stated:** Second time	The Registered Person shall ensure that all staff are trained for their roles and responsibilities. A record of all training completed should be retained. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	
	Response by registered person detailing the actions taken: The Registered Person can provide assurance that all staff are trained for their roles and responsibilities and a record of all training is retained within the facility. The current training matrix used to record staff training is being reviewed by the management team with Trust ICT colleagues to ensure staff training records are up to date and the system is accurately recording individual team training information. The training matrix has a RAG (Red Amber Green) alert system which will highlight when a staff member's training is close to expiry or expired and requires renewal. The training matrix is audited and reviewed by the Registered Person and the Monitoring Officer during monthly monitoring visits to identify staff training which requires completion.

Area for improvement 3 **Ref:** Standard 12.1, 12.3, 12.4, 12.7 **Stated:** First time **To be completed by:** 4 December 2025	The Registered Person shall ensure transport is provided in line with expectations outlined within the Standards. This specifically relates to; - Completion of transport assessments for all service users; - Maximum journey time determined on an individual basis based upon service user needs and presenting risks; - Compatibility assessments are completed for persons utilising transportation; - Reports and records are retained where maximum assessed journey time is exceeded; - Adequate information and training is provided to staff supporting service users whilst using transportation. Ref: 3.3.3
	Response by registered person detailing the actions taken: Day care service users are transported into day care through a range of means - Trust Transport, third party coach and taxi or family. The registered person will ensure transport is provided in line with expectations outlined within the standards: The Registered Person will request transport assessments to be completed by community teams for service users whereby there has been an identified change in need. When a service user's assessment of need has determined a maximum journey time the Registered Manager will work with Trust Transport and the Keyworker to ensure the assessed need is met. The Registered Person, in conjunction with the Trust transport department and other key stakeholders, continue to actively review the journey time of those transported to day care by the Trust. It is recognised that the Southern Trust is predominantly a rural area and the major towns experience frequent traffic congestion, particularly at school commencement and closure times. Transporting multiple service users from individual collection and discharge points can lead to journey times taking longer than the recommended time frame outlined in the Standards. Transport services will continue to balance journey times and bus occupancy so that services users receive a positive experience. Compatibility of service users utilising transport is considered when planning bus routes and occupants on each bus. Drivers and guidehelps are provided with information and training to enable them to safely support service users being transported to and from day care.

Area for improvement 4 **Ref:** Standard 28.6 **Stated:** First time **To be completed by:** 30 October 2025	The Registered Person shall ensure all staff have attended and partook in a fire evacuation drill at least once a year with records retained and made available for inspection purposes. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person can provide assurance to the Regulator that all Windsor staff have participated in a fire evacuation drill within the past 12 months. Records have been completed and documented in the fire file held on site.
Area for improvement 5 **Ref:** Standard 29.8 **Stated:** First Time **To be completed by:** 4 December 2025	The Registered Person shall ensure practices for the management of medicines are systematically audited and action deemed necessary are monitored until resolution is achieved. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Person can provide assurance that going forward monthly medication audits will be undertaken by the centre nurse or in their absence another suitable member of staff. Any actions identified during audit will be noted on an action plan and followed up. The registered Manager will oversee any action plans following audit and ensure all actions are taken and any learning is shared at staff huddles / team meetings. All medication incidents are logged on the Trust Datix system. They are reviewed by one of the management team, actions required are allocated for follow up and any learning identified is shared with the wider staff team to prevent a reoccurrence.

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The Regulation and Quality Improvement Authority

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